Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	1 <u>2-30-2010</u>	Address:	5932 W. 1400N.
Case #:	<u>13-75991</u>		Wheafield, IN
County:	.Jasper		<u>46392</u>
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) If the imply in the implementation is a second and in the implementation in the impleme
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Manydrous Ammonia: Full LP tank found in wooded area filled with anhydrous ammonia. Itydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location):			
☐ Yes ☐ No *If yes, fax re This repor	er age 18 discovered (check one) (number present) eport to Child Protective Services t is to be faxed to the following ager tment: Keener Fire Department	☐ Ephedrin ☐ Retail/M ☐ Other:	ocation:
Health Dep	partment: Japser County Health Dep.	Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tpr.Eckrich Phone 219-696-6242			
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- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.